

FILED AUG 17-1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26743**

BIRTH NO. _____		REG. DIST. NO. 162		PRIMARY REG. DIST. NO. 5594		Registrar's No. 180	
1. PLACE OF DEATH a. COUNTY Jefferson b. CITY (If outside corporate limits, write RURAL and give town) Cedar Hill c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF (If not in hospital or institution, give street address and location) Rural Meramec Township				2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission). a. STATE MO b. COUNTY Jefferson c. CITY OR TOWN Dittmer MO d. RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED TOWN? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> e. STREET ADDRESS (If rural, give location) Rural Meramec Township			
3. NAME OF DECEASED (Type or Print) a. (First) JURDIS b. (Middle) HOMER c. (Last) DONALDSON		4. DATE OF DEATH (Month) 8 - (Day) 6 - (Year) 55		5. SEX M		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH Dec 28-1904		9. AGE (In years last birthday) 50		10. IF UNDER 1 YEAR: Months 7 Days 8 Hours 1 Min. 55	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Garage Work		11. BIRTHPLACE (City and State or Foreign Country) Owensboro Ill		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Henry Donaldson		13b. MOTHER'S MAIDEN NAME Johanna Louise Kemard		14. NAME OF HUSBAND OR WIFE None (Divorced)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	
16. SOCIAL SECURITY NO. W.W.-2		17. INFORMANT'S SIGNATURE OR NAME Walter E. Whitehead		18. ADDRESS De Cater Ill		19. MEDICAL CERTIFICATION	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Drowning ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 9299		19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 42		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) CD		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) D.B. Edwards M.D. Coroner	
23b. ADDRESS Cedar Hill Mo		23c. DATE SIGNED 8/7/55		24a. BURIAL, CREMATION, REMOVAL (Specify) Interment		24b. DATE _____	
24c. NAME OF CEMETERY OR CREMATORY Fairlawn Cem		24d. LOCATION (City, town, or county) De Cater Ill		25. FUNERAL DIRECTOR'S SIGNATURE Wentlinger Funeral Home		25b. ADDRESS De Cater Ill	
DATE REC'D BY LOCAL REG. Aug 6, 1955		REGISTRAR'S SIGNATURE Reeth Jison		438		25c. LICENSED EMBALMER'S STATEMENT ON REVERSE SIDE	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

AUG 10 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 45

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.